

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11-7-03.

I. DISPUTE

Whether there should be reimbursement for E0781, E1399 and E0114.

II. FINDINGS

The requestor withdrew E0236 and E1399 rendered on 6-11-03 that were denied based upon medical necessity; therefore, they will not be considered further in this decision.

III. RATIONALE

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-11-03	E0781	\$485.00	\$263.56	M	F&R	Rule 133.307(g)(3)(D) Section 413.011(d) DME GR (IX)(C)	Requestor did not support position that additional payment was due per statute.
	E1399	\$155.00	\$75.00	M	F&R		
	E0114	\$110.00	\$42.50	F	\$42.50 per '91 MFG		Crutches aluminum – paid per MFG, no reimbursement is recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes, E0781 and E1399.

The above Findings and Decision are hereby issued this 28th day of December 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division